REPORT OF ACTIONS TAKEN REGARDING A MORTGAGE CREDIT CERTIFICATE PROGRAM

California Debt Limit Allocation Committee 915 Capitol Mall, Room 303 Sacramento, CA 95814 (916) 653-3255

This form is to be used to report both the conversion of bond allocation to mortgage credit certificate authority <u>and</u> the issuance of at least one mortgage credit certificate (MCC). Please complete and mail this form to the above address **within 15 days** of issuing at least one MCC. If the conversion is made in December, please report such action **immediately** by completing #1 through #6 and #9 and faxing the form to (916) 653-3241. The completed form must be mailed within 15 days of issuing at least one MCC.

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1.	ISSUER OF THE MCCs MAKING THE ELECTION TO CONVERT PRIVATE ACTIVITY BOND ALLOCATION TO MCC AUTHORITY:			
	Address:	Contact Person: Title: Phone: ()		
	County:	Fax: ()		
2.	ISSUER'S FEDERAL EMPLOYER IDENTIFICATION NUMBER:			
3.	AMOUNT OF PRIVATE ACTIVITY BOND ALLOCATION AWARDED: If applicable, indicate the amount of bond allocation which was <u>not</u> converted to MCCs and explain the non-converted allocation was used.			
4.	DATE OF CONVERSION ELECTION: Attach a copy of the Election which was filed with the Internal Revenue Service.			
5.	CDLAC RESOLUTION NUMBER AWARDING THE ALLOCATION: CDLAC APPLICATION NUMBER AS SHOWN ON EXHIBIT "A" OF RESOLUTION:			
6.	PROGRAM ADMINISTRATOR, IF DIFFERENT FROM "ISSUER":			
7.	DATE FIRST MCC ISSUED:			

(Continued on reverse side)

Attach copy of the mortgage credit certificate.

8.	PERSON TO BE BILLED FOR CDLAC FEE (provide name and fax number):	e, title, agency, mailing address and phone		
9.	. PERSON COMPLETING THIS FORM, IF DIFFERENT FROM #1 ABOVE (provide name, title, agency, mailing address and phone and fax number):			
The undersigned does hereby certify to the accuracy of the information contained herein.				
Signature of Issuer's Senior Officer		Signature of person responsible for completing this form if different than Issuer's Senior Officer		
Printe	ed name of above Senior Officer	Printed name of above responsible person		
Date:		Date:		
Rev.	4-2001			